



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

December 13, 2006

Tamara McCann, Administrator
Aspen Grove Assisted Living - Shelley
183 E Oak
Shelley, ID 83274

License #: RC-423

Dear Ms.. McCann:

On October 31, 2006, a state licensure survey was conducted at Aspen Grove Assisted Living - Shelley. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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November 9, 2006

Claretta Shaffer, Administrator
Aspen Grove Assisted Living - Shelley
183 E Oak
Shelley, ID 83274

FILE COPY

Dear Ms. Shaffer:

On October 31, 2006, a state licensure survey was conducted at Aspen Grove Assisted Living - Shelley. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 30, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2006
NAME OF PROVIDER OR SUPPLIER ASPEN GROVE ASSISTED LIVING - SHELLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 183 E OAK SHELLEY, ID 83274		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health survey conducted at your facility. The surveyors conducting the standard health survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Debbie Sholley, LSW Health Facility Surveyor</p> <p>John Wingate, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

T21911

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Heaven Grove Assisted Living</i>	Physical Address <i>183 East Oak</i>	Phone Number <i>208 334-3589</i>
Administrator <i>Jamara McCann</i>	City <i>Shelly</i>	ZIP Code <i>83274</i>
Survey Team Leader <i>Dolly Woff - CIV</i>	Survey Type <i>Standard</i>	Survey Date <i>10/31/06</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.03	The facility licensed nurse did not assess change in resident physical health status (Resident #1)		12/12/06
2	310.01	The facility did not use multi-dose medication distribution systems for over-the-counter medications in residents 2 & 3 and a random resident		12/12/06
3	310.01a	The facility did not lock resident #2's injectable medications in the refrigerator.		12/12/06
4	405.01	The facility did not assure all electrical outlets had coverplates.	10/31/06	COB
5	450.	The facility did not assure staff restrained their hair during meal preparation and did not had test strips to check parts per million of bleach		12/12/06
6	451.01	The facility did not have a menu signed and dated by a registered dietitian.		12/12/06

Response Required Date

Signature of Facility Representative

12/11/06

Jamara McCann

RECEIVED

NOV 29 2006

Date Signed

10-31-06

FACILITY STANDARDS